
Subject: Evaluation of Vendors

Effective Date: October 1, 2007

Revised from: October 1, 2006

Policy: Local Agency staff will conduct an on-site evaluation of each vendor who has met preliminary criteria during the new vendor application process. Vendors who are changing ownership will also need to be evaluated by the Local Agency.

Reference: **7 CFR §246.12(g)(iv)**

Procedure:

1. The State Agency will send a notice to the appropriate Local Agency requesting a vendor evaluation visit for any vendor who has submitted an application and met preliminary qualifications or changing ownership.
2. Evaluations for vendors should be processed as soon as possible but no later than 10 business days from receipt of the notice.
3. Local Agency staff must conduct an on-site evaluation visit prior to or at the time of vendor's initial authorization. This on-site evaluation visit may be conducted prior to the store opening to the public. The visit is at a pre-arranged time between the Local Agency staff and the store manager (or their designee).
4. Local Agency staff provides training to vendor staff. This training may take place during the evaluation visit or another agreed upon time. Training may be provided prior to or after a vendor grand opening. Training dates and times are scheduled by the Local Agency. The vendor will not be authorized as a WIC vendor until training is complete.
5. The Local Agency completes and mails the following forms to the State Agency:
 - a. New Vendor Evaluation
 - b. WIC Product Inventory
6. A copy of all documentation should be filed in the Local Agency vendor file.

New Vendor Evaluation

Kansas WIC Program

Vendor name: _____ Vendor #: _____

Location Address: _____

Phone Number: _____ Vendor Contact: _____

Doing business as: ☐ Full Line Grocery Store ☐ Retail Pharmacy ☐ Commissary

County: _____ ☐ Rural ☐ Urban (refer to Vendor Procedures Manual for county designation)

Date of Evaluation: _____ Completed by: _____
Please print

Type of Evaluation: ☐ New Vendor ☐ Change of Ownership

| | YES | NO |
|--|--|--|
| 1. Does the vendor plan to derive more than 50% of their gross annual income from the Kansas WIC program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the vendor provide foods from a stationary location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the food sales area equal or exceed 2000 square feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the sales floor accessible to clients with disabilities? If no, does the store have accommodation plans? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Is the vendor currently disqualified from the Food Stamp Program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the vendor's cash register receipt detailed enough to permit monitoring for the sale of unauthorized WIC foods? (<i>Attach copy of a receipt.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the vendor have scanners that are programmable for WIC foods? If yes, how many: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you see any reason to grant an exception to any of the established criteria because of inadequate client access? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

LA Evaluator's Signature: _____

LA recommendation based upon evaluation visit: ☐ Satisfactory ☐ Unsatisfactory

State Agency use only:

Projected Peer Group: _____

YES

NO

The vendor meets the pricing requirements as determined by the SA.

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All documentation requested from application process has been received.

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This report was reviewed and will be used by the SA as an evaluation tool during a vendor's application process.

SA Signature: _____ Date: _____

WIC Product Inventory

Vendor _____ County _____ ☐ Urban ☐ Rural

Use this form to verify the store meets minimum stock requirements. **Record the product price and if minimum stock has been met. If minimum stock is not met, write in number of stock on shelf.** Products located in a storeroom or behind a counter can count towards minimum stock. All areas in which the vendor does not meet minimum stock should be noted and reviewed with a representative from the store.

INFANT FORMULA

| Minimum Brand/Variety | Food Item | Required Package | Minimum Stock Level | Minimum requirement? | Exemption on file? | Price | Stock on Shelf |
|-----------------------|--------------------|------------------|--------------------------------|--|--|-------|----------------|
| Similac Advance | Powdered | 12.9 oz. Cans | Urban 18 cans Rural 9 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans _____ |
| Isomil Advance Soy | Powdered | 12.9 oz. Cans | Urban 18 cans Rural 9 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans _____ |
| Similac Sensitive | Powdered | 12.9 oz. Cans | Urban 18 cans Rural 9 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans _____ |
| Similac Advance | Liquid Concentrate | 13 oz. Cans | Urban 70 cans Rural 35 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans _____ |
| Isomil Advance Soy | Liquid Concentrate | 13 oz. Cans | Urban 70 cans Rural 35 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans _____ |
| Similac Sensitive | Liquid Concentrate | 13 oz. Cans | Urban 70 cans Rural 35 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans _____ |

MILK

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|--------------|-----------------------|------------------|---|--|-------|---------------------------------|
| Whole | 1 Brand | ½ gal. & gal. | Urban 2 ½ gal & 14 gal Rural 1 ½ gal & 7 gal | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # 1/2 gal _____ # gal. _____ |
| Low fat/skim | 1 Brand | ½ gal. & gal. | Urban 2 ½ gal & 14 gal Rural 1 ½ gal & 7 gal | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # 1/2 gal _____ # gal. _____ |

CHEESE

| Food Item Circle 2 Varieties | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|---|--------------------------------|-------------------|--|--|--------------|--|
| American (sliced) Cheddar (block) Cojack (block) Colby (block) Monterey Jack (block) Mozzarella (block) Swiss (block) | 2 Varieties: _____ _____ | 16 oz. package | Urban 6 each variety Rural 3 each variety *16 oz. = 1lb* | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ \$ | # packages _____ # packages _____ |

EGGS

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|---------------|-----------------------|------------------|--------------------------------|--|-------|----------------|
| Large AA or A | 1 Brand | 1 dozen | Urban 4 dozen Rural 2 dozen | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # dozens _____ |

JUICE

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|---|------------------------------|------------------|--|--|-------|-------------------|
| Ready to Drink, cans or plastic bottles | 2 Flavors: _____ _____ | 46 oz. | Urban 7 each flavor Rural 3 each flavor | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # containers ____ |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # containers ____ |
| Concentrate, frozen or shelf stable | 2 Flavors: _____ _____ | 11.5-12 oz. | Urban 7 each flavor Rural 3 each flavor | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # containers ____ |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # containers ____ |

CEREAL

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|----------------|---|-------------------------|--|--|-------|----------------|
| Infant | 2 Varieties: Rice _____ _____ | 8 oz. box | Urban 4 each variety Rural 2 each variety | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # boxes ____ |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # boxes ____ |
| Child or Adult | 4 Varieties _____ _____ _____ _____ | 9 oz. or larger package | Urban 2 each variety Rural 1 each variety | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # boxes ____ |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # boxes ____ |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # boxes ____ |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # boxes ____ |

PEANUT BUTTER

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|--------------------------|-----------------------|------------------|-----------------------------|--|-------|----------------|
| Smooth/Creamy or Crunchy | 1 Brand | 18 oz jar | Urban 2 jars Rural 1 jar | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # jars ____ |

DRIED BEANS, PEAS, OR LENTILS

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|-------------------------------|-----------------------|------------------|-------------------------------------|--|-------|-----------------|
| Dried beans, peas, or lentils | 1 Brand | 16 oz packages | Urban 2 packages Rural 1 package | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # packages ____ |

TUNA

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet Minimum requirements? | Price | Stock in Store |
|---------------------|-----------------------|---------------------|------------------------------|--|-------|----------------|
| Water or Oil Packed | 1 Brand | 5 ½ to 6 ½ oz. cans | Urban 8 cans Rural 4 cans | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # cans ____ |

CARROTS

| Food Item | Minimum Brand/Variety | Required Package | Minimum Stock Level | Meet minimum requirements? | Price | Stock in Store |
|-----------|-----------------------|------------------|--|--|-------|----------------|
| Fresh | 1 Brand | 1 lb. package | Urban 4 lbs. total Rural 2 lbs. total | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | # lbs. ____ |

Local Agency representative, sign and date

Vendor representative, sign and date

Rev. October 2007
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